

**SD ANIMAL INDUSTRY BOARD
APPLICATION FOR POULTRY PERMIT**

_____ **HATCHERY** "Have incubators and hatch eggs"
_____ **CHICK/STARTED POULTRY STORE** "Have possession of some or all chicks/started poultry being sold."
_____ **CHICK/STARTED POULTRY SALES** "Write orders, do not take possession of chicks/started poultry."

South Dakota Animal Industry Board Regulation 12:68:13 requires that all South Dakota firms selling poultry under five months of age or hatching eggs, must make application for and obtain a permit to do business **BEFORE FEBRUARY 1 OF EACH YEAR.**

Complete this application and return to: **SD Animal Industry Board, 411 S. Fort Street, Pierre, SD 57501.**

1. Firm's name, mailing address & phone #:

2. Firm's name, physical address & phone # (if different)

3. Name and address of owner/operator:

4. My firm is: (Please complete questions for your applicable category)

A. HATCHERY:

Breeding Flock(s) Species	Total No. - Male & Female
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. Hatching egg capacity: _____

a. Who will do the pullorum-typhoid testing? (name) _____

b. Are the testers qualified as an official testing agent? Yes _____ No _____

2. Will you have your own hatching egg supply this year? Yes _____ No _____

3. Will you custom hatch for another flock? Yes _____ No _____

4. Date blood testing to begin: _____

5. Where do you plan to purchase eggs? _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

6. Do you participate in the National Poultry Improvement Plan? Yes _____ No _____ NPIP# _____

B. CHICK/STARTED POULTRY STORE:

1. Your parent hatchery is: _____

2. Do you only sell chicks and other domesticated fowl from your parent hatchery? Yes _____ No _____

3. If you purchase from other sources, please list: _____

4. Are you a National Poultry Improvement Plan participant? Yes _____ No _____ NPIP# _____

C. CHICK/STARTED POULTRY SALES:

1. What firms do you order chicks from: _____

2. Are you a National Poultry Improvement Plan participant? Yes _____ No _____ NPIP# _____

I declare and affirm under the penalties of perjury that this claim(petition, application, information)has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

AIB Agent: _____

Date: _____

PERMITTEE:

Print Name: _____

Signature: _____

Title: _____

Date: _____

S O Hollandsen
South Dakota State
Veterinarian
411 S. Fort St.
Pierre, SD 57501